

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/1404832	FILING DATE	03/14/95
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	2					
5	2					
6	/					
7	/					
8	/					
9	/					
10	2					
11	2					
12	2					
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25	2					
26	1					
27	/					
28	2					
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50						
TOTAL IND.	11					
TOTAL DEP.	43	→	→	→		
TOTAL CLAIMS	47					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.		→	→	→				
TOTAL CLAIMS								